

Jackson County Probate Court

312 S. Jackson St.
Jackson, MI 49201
Phone: 517-788-4290
Fax: 517-788-4291

Instructions for Petition for Conservatorship of a Legally Incapacitated Adult

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

A guardian has authority over the well-being of an individual. This may include residential or medical decisions, among others. A conservator has authority over a person's finances. Use this packet if you are seeking conservatorship ONLY.

Guardian ad Litem

A Guardian ad Litem (GAL) is appointed on behalf of the individual you are seeking conservatorship over. The GAL is an attorney, and it is his/her responsibility to visit the individual. While there, the GAL will explain to the individual the meaning of conservatorship, the process, and the individual's rights. At the hearing, the GAL will report to the Court on whether a conservatorship is appropriate. There is a \$175 fee (plus mileage if appropriate) for the GAL. At the hearing, the judge will determine who is responsible for paying this fee (this may include the County if no one involved can afford the fee).

Fees

Filing Fee - \$175.00

Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

GAL Fee - \$175

The judge will determine who is responsible for this fee at the hearing.

Fees cannot be returned if your petition is denied.

Forms

Below, you will find specific instructions for each form contained in the packet.

Petition for Appointment of Conservator (PC 639): Complete the entire form. If you are requesting a preliminary protective order, please be as specific as you can about what emergency exists that requires the appointment of such an order. If you need additional space, you may attach an additional page. .

What You Need to Know Before Filing a Petition to Appoint a Conservator (PC 667): This informational packet is prepared by the State Court Administrator's Office. It contains frequently asked questions and answers about obtaining conservatorship. You should read this packet carefully.

Fiduciary Proof of Identity (optional): Complete this form with all requested information. The information required is the proposed conservator's information. You must attach to the form a clear photo copy of the proposed conservator's driver's license. Even if the proposed conservator is eligible for appointment. This document is only used by the Court. It is not made available to the public.

Report of Physician or Mental Health Professional (PC 630): This form must be completed by a physician or mental health professional. Do NOT fill out this form yourself. It is best to file this form when you file the petition, but it must be in no later than 5 days before your hearing. Please note that if you already have a medical report, this form must be used in addition to that report.

Mental health professional means an individual who is trained and experienced in the area of mental illness or developmental disability and includes Michigan-licensed doctors, psychologists, registered nurses, physicians assistants, licensed professional counselors, and certified social workers. A social worker must be a licensed master's social worker to meet the mental health professional standard.

Notice of Hearing (PC 562): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court.

Notice of Rights (PC 668): This form must be provided to the individual you are seeking guardianship and conservatorship over.

Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

**WHAT YOU NEED TO KNOW BEFORE
FILING A PETITION TO
APPOINT A CONSERVATOR**

»» What is a conservator?

A conservator is a person appointed by a probate court and given power and responsibility for the estate (financial assets and property) of an adult (called a *protected individual*).

»» What is a guardian?

A guardian is a person appointed by a probate court and given power and responsibility to make certain decisions about the care of another individual. These decisions might include treatment decisions or where the individual should live. If the individual has a reduced life expectancy due to advanced illness, the guardian may have the power to make an informed decision on behalf of the individual regarding receiving, continuing, discontinuing, or refusing medical treatment. A full guardian can make all decisions for the individual. A limited guardian can only make decisions for the individual that the court allows.

»» When would a conservator be needed?

A conservator may be needed when the individual is unable to manage his or her property and financial affairs effectively because of certain reasons and:

- 1) he or she has property that will be wasted or used up unless proper management is provided; or
- 2) funds are needed for the support, care, and welfare of the adult and any of his or her dependents.

A mentally competent adult who, because of age or physical limitation, may voluntarily petition the

court himself or herself for the appointment of a conservator to assist in managing his/her estate.

Some of the reasons that might prevent the individual from being able to manage his or her property and financial affairs are:

- 1) mental illness or deficiency;
- 2) physical illness or disability;
- 3) chronic use of alcohol /other intoxicants;
- 4) confinement;
- 5) detention by a foreign power; or
- 6) disappearance.

»» Is a conservator needed for an individual who cannot manage his or her property or financial affairs effectively?

A conservator might not be necessary if someone else already has legal authority (an individual with power of attorney, for example) to make decisions about the individual's estate and there are no problems with the decisions being made.

»» How is a proceeding for a conservator started?

Any person who is interested in the individual's welfare may complete a Petition for Appointment of Conservator (form PC 639) and file it, along with the filing fee, with the probate court.

»» Is a lawyer necessary?

No, but a lawyer can be helpful, especially if any interested person opposes the appointment of a conservator.

»» Can mediation be used for disagreements about a conservator?

Certain disagreements about a request for a guardian may be mediated outside the court if all parties agree to attend mediation or if a judge order parties to attend mediation. The court clerk can tell you if

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STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

(A) In the matter of _____
First, middle, and last name

Put last 4 digits of SSN in
 XXX-XX-Ref. No. row 2 on MC 97.
 Last four digits of SSN

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

(B) 1. I, _____, am interested in this matter
Name
 and make this petition as _____
State interest/relationship

(C) 2. The individual was born _____, resides in _____ County
Put DOB in Ref. No. row 1 on MC 97.
Date
 at _____
Address
 _____ and has property in _____ County.
City, state, zip

(D) 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the above individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

(E) 4. The individual has a power of attorney. (Specify name and address below.)
 a guardian. (Specify name and address below.)
 a representative payee for social security. (Specify name and address below.)

Name and address

(F) 5. a. The individual is an adult unable to manage his/her property and business affairs effectively because of

<input type="checkbox"/> mental illness	<input type="checkbox"/> chronic use of drugs	<input type="checkbox"/> confinement
<input type="checkbox"/> mental deficiency	<input type="checkbox"/> chronic intoxication	<input type="checkbox"/> disappearance
<input type="checkbox"/> physical illness or disability	<input type="checkbox"/> detention by a foreign power	<input type="checkbox"/> _____

and either

the adult has property that will be wasted or dissipated unless proper management is provided, or

the adult or his/her dependents are in need of money for support, care, and welfare, and protection is necessary to obtain or provide money.

b. The adult petitioner is mentally competent but because of age or physical infirmity is unable to manage his/her property and affairs effectively, and recognizing the disability, requests appointment of a conservator.



5. (continued)

- c. The individual is a minor who
 - owns money or property that requires management or protection that cannot otherwise be provided.
 - has or may have business affairs that may be jeopardized or prevented by minority.
 - needs money for support and education, and protection is necessary or desirable to obtain or provide money.
- d. I am the guardian of the ward and it is in the ward's best interests to sell or otherwise dispose of the ward's real property or interest in real property.

(G) 6. The statements in item 5 are supported by the following facts: _____
 (Attach a separate sheet if necessary.)

(H) 7. The individual to be protected has an estate approximately valued at:

\$ _____ \$ _____ \$ _____ \$ _____
 Real property Personal property Insurance Monthly income

(I) 8. The individual to be protected is receiving the following benefits from governmental agencies:

- Social Security \$ _____
- SSI \$ _____
- MDHHS \$ _____
- Veterans Administration \$ _____, claimant number _____
- Other: _____ \$ _____

(J) 9. The individual to be protected has

- a spouse whose name and address are listed below.
- child(ren) whose name(s) and address(es) are listed below.
- descendants of deceased child(ren) whose name(s) and address(es) are listed below.
- if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.
- if none of the above, presumptive heirs whose name(s) and address(es) are listed below.
- none of the above (must notify the Attorney General - see instructions for the address of the Attorney General).

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE (if minor)*
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		

*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

(K) 10. None of the persons named above are under any legal incapacity except

Name, incapacity, and representative of the person, if any

(L) 11. The individual is currently found at _____
Address or location Telephone no.

(M) 12. It is necessary that a preliminary protective order be entered pending the regular hearing because

I REQUEST that the court:

(N) 13. Appoint _____
Name, address, and telephone no.

who has priority as _____, as conservator of the estate to be protected.
Priority relationship

(O) 14. Preserve and apply the individual's property pending the appointment of a conservator as follows:

(P) 15. Enter a protective order that provides _____

(Q) 16. Appoint the guardian as special conservator with authority to sell or otherwise dispose of the ward's real property or interest in real property.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

(R) _____
Date

Petitioner signature

Date

Attorney signature

(S) 17. **NOMINATION BY PERSON TO BE PROTECTED:** I am 14 years of age or older. I nominate as my conservator

Name, address, and telephone no.

Date

Signature of person to be protected

FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: _____ File No. _____

Full Name of Fiduciary _____ DOB _____ DL# _____

Home Address _____ Own Rent _____ Home Phone (including area code) _____

City/State/ZIP _____ Work Phone (including area code) _____

YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE

Occupation _____ Work Address _____

Employer Name _____ City/State/ZIP _____

Banking Institution _____ Address of Bank Branch _____

Banking Institution _____ Address of Bank Branch _____

Personal Reference:

Name _____ Address _____

Phone (including area code) _____ City/State/ZIP _____

This document is for Court use only and will NOT be part of the public record.

STATE OF MICHIGAN PROBATE COURT COUNTY OF JACKSON	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
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In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My specialty is _____
if any

2. I last examined the individual on _____

3. Based on that examination and his/her medical record the individual suffers from the following physical or psychological infirmities:

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

6. I believed the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:
check all that apply
 determining where to live. handling personal financial affairs.
 consenting to supportive services. authorizing or refusing medical treatment.

7. The prognosis for improvement in the individual's conditions is _____
My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments may be attached on a separate sheet.

Date

Signature

Address

Name (type or print)

City, state, zip

Telephone no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____,
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____	_____	_____	_____
Attorney name	Bar no.	Petitioner name	Date
_____	_____	_____	_____
Address	_____	Address	_____
_____	_____	_____	_____
City, state, zip	Telephone no.	City, state, zip	Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

Date _____

Signature _____

Name (Type or Print) _____

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE ON PETITION FOR CONSERVATOR OR PROTECTIVE ORDER	FILE NO.
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In the matter of _____, person to be protected

NATURE, PURPOSE, AND LEGAL EFFECT OF APPOINTMENT OF CONSERVATOR

A conservator is a person appointed by a court to help an individual manage his or her property and financial affairs when the individual is unable to manage such affairs. If a conservator is appointed for you, the conservator would make decisions for you that you now may make for yourself.

If appointed, the conservator will have all the powers over the estate and business affairs that the individual could exercise if present and not under disability, except the power to make a will.

A person has been appointed by the court to more fully explain these matters to you. That person is called a guardian ad litem. He or she will contact you to answer your questions and more fully discuss the meaning of a conservatorship.

RIGHTS

1. You have the right to secure, at your own expense, an independent evaluation of your condition.
2. You have the right to be present in person at the hearing. If you wish to be present at the hearing, all practical steps will be taken to ensure your presence, including, if necessary, moving the site of the hearing.
3. You are entitled to be represented by an attorney. The court may appoint an attorney to represent a minor, if necessary.
4. You have the right to present evidence at the hearing.
5. You have the right to cross-examine witnesses at the hearing, including a court appointed physician or mental health professional and the visitor if the court has appointed a visitor.
6. You have the right to a trial by jury.
7. You have the right to request that the hearing be closed to the public.
8. If the court determines that conservatorship is necessary, you have the right to nominate a person or corporation to be your conservator.

Do not write below this line - For court use only

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____

Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
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In the matter of _____

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- Provide only the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date _____

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
	Name	DOB	Other
10			
11			
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STATE OF MICHIGAN JUDICIAL DISTRICT JACKSON JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
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In the matter of _____

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- Provide only the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.